

# **STEP VA Implementation**

Perspectives of a Small Urban CSB

July 26, 2022



# Colonial Behavioral Health

- Service area includes cities of Poquoson and Williamsburg, and the counties of James City and York
  - Service area covers 272.8 square miles
  - Total population of 176,184 (2020 census)
  - Population growth of 10.1% since 2010
    - James City County rate is 8<sup>th</sup> among localities (16.8%)
- Two (2) military bases within service area

# Colonial Behavioral Health

- Approximately 185 employees
- \$20 million annual budget (\$3.5M local)
- Vacancy rate = 17.9% (>50% in Adult OP)
- 7 service and administrative buildings in 5 locations, in addition to:
  - 3 residential facilities for the DD population
  - CIT Assessment Center in local ER
  - Embedded staff in local free clinic & Rural Health Center, and in regional Detention Center

# CBH and the STEP VA Process

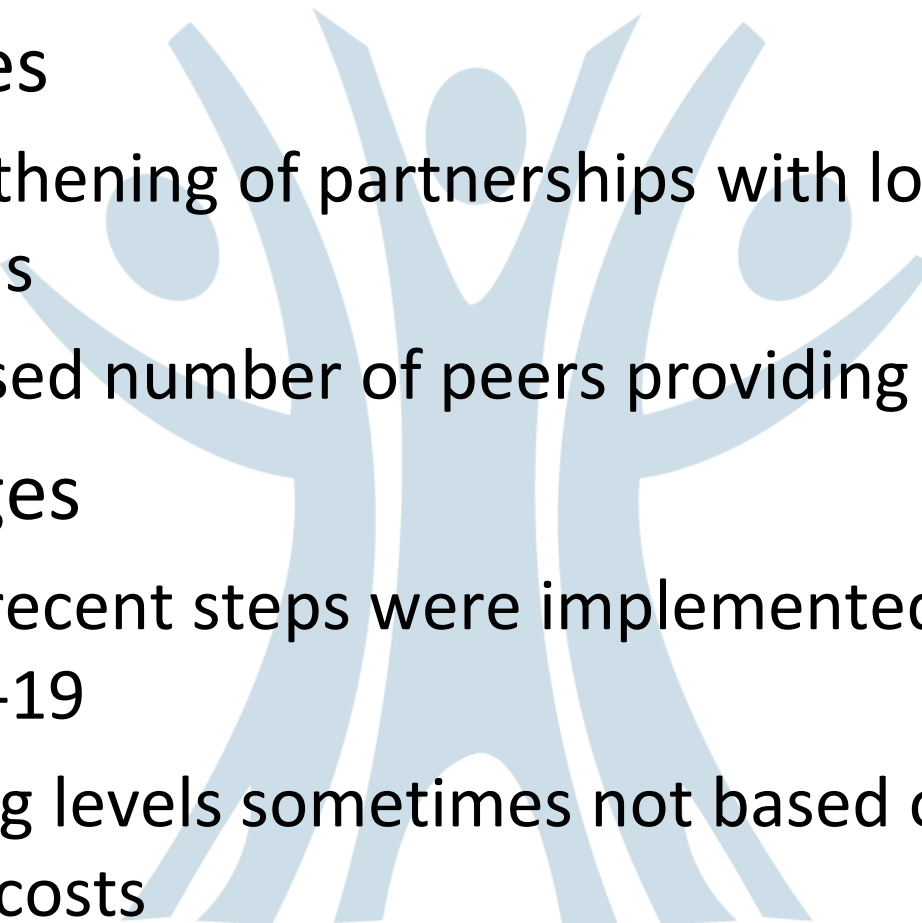
- One of original 8 CSBs to partner with DBHDS in the CCBHC Demonstration grant process
- Involved in efforts that
  - Provided service definitions;
  - Defined outcomes and budgetary requirements for implementation; and
  - Used methodologies from the SAMHSA-defined financing strategy.

# STEP VA Benefits

- Assists with support of pre-existing priorities
  - Service Members, Veterans and Families (SMVF)
  - Primary Care Monitoring and Screening
  - Care Coordination (projected)
  - Psychosocial Rehabilitation (projected)
- Initially helped to stabilize some other areas
  - Outpatient Services
  - Peer Services

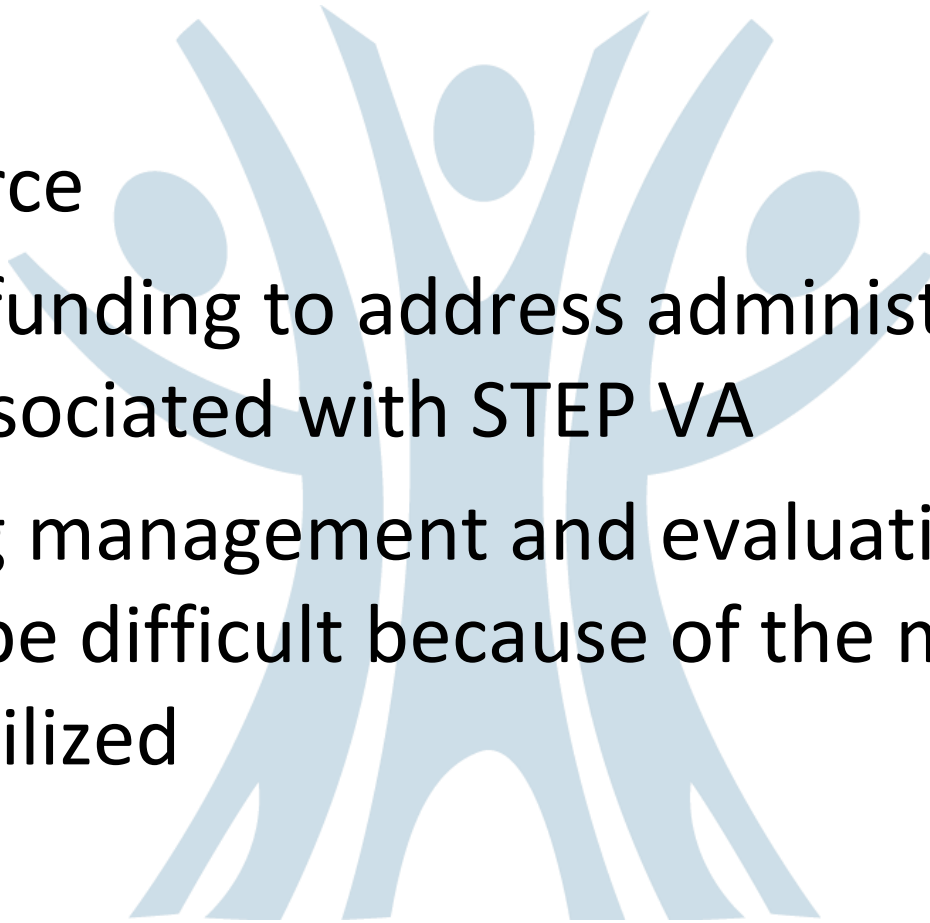
# Successes and Challenges

- Successes
  - Strengthening of partnerships with local health systems
  - Increased number of peers providing services
- Challenges
  - Some recent steps were implemented during COVID-19
  - Funding levels sometimes not based on need or actual costs



# Implementation Barriers

- Workforce
- Lack of funding to address administrative costs associated with STEP VA
- Ongoing management and evaluation of STEP VA will be difficult because of the measures being utilized



# Lessons to be Celebrated

- Virginia has made several strides in addressing the continuum of care for CSBs in Virginia
- We have arrived at definitions that align with Project Bravo at DMAS
  - This represents some of the best coordination between these agencies in recent memory
- The final 3 steps demonstrate greater levels of flexibility



# Primary Lesson for Adjustment

- STEP VA has not achieved the original goal of approximating the CCBHC model
  - Due to the approach taken, not individuals
  - “Time-lapse” approach to implementation was necessary due to earlier financial realities
  - Result is a collection of services rather than a true system of care
  - Care Coordination is diminished in STEP VA
- But this is fixable . . .

# Suggested Next “Step”

- Move to more closely align STEP VA with the national CCBHC model
  - Single system definitions and outcome measures
  - Alignment of the above with national benchmarks so we can measure Virginia’s performance against other states on an “apples-to-apples” basis
- Explore opportunities to have more Virginia CSBs achieve CCBHC status